Food and Drug Administration Center for Food Safety and Applied Nutrition Office of Special Nutritionals

ARMS#

13202



3 - OUTPATIENT

11/11/98

Chart #

been having abdominal pain for the past two and a half years. She states that it starts around the time of her period. This present episode started two weeks ago after the end of her last period. She describes it as crampy and across her lower abdomen. She denies vaginal discharge. No GI complaint.

PX: Her abdomen is benign. No CVA tenderness. No distress. Chest is clear. Stool for occult blood negative. Urine 2+ protein. Blood was drawn for CBC sed. rate LFT's, BUN and creatinine. She will be followed by her gynecologist in the clinic at She was supposed to follow up there for a repeat pelvic ultrasound. She indeed has ovarian cysts however, has been negligent in following up. She was referred back to clinic for pelvic and further evaluation including ultrasounds.

BP 122/4 Meds

Nurse

11/16/98

Pt. is a 22 yr-old girl who comes to the office for f/u of abdominal pain and elevated creatinine. It appears that she has been having this pain for the last $1\frac{1}{2}$ weeks. She describes it as right flank pain, with some tenderness on palpation over the posterior ribcage, spreading around to her entire abdomen. She also notes constipation, having moved her bowels once only in the last week. She has also been very thirsty and notes polyuria. She denies any other complaints at this time. No fevers, no dysuria and no She gets these episodes periodically. Her last one vomiting. was 3 mos. ago. She is on no medications other than Triphasil birth control pills. She did use some OTC diet pill a week prior to the onset of her symptoms, but she denies any other OTC medications, particularly NSAID's or diuretics. family Hx of diabetes in her grandparent and gestationsl diabetes in her Mom. No family Hx of renal disease or autoimmune-type disorders. No other complaints.

No obvious dis-On exam, she appears alert and oriented. tress. She is afebrile. BP is 122/74. She does have some tenderness on palpation of the posterior ribcage. Her abdomen is otherwise soft with normal bowel sounds. She is obese. does have a diffuse tenderness throughout, possibly worse in the left lower quadrant and the right upper quadrant. There is no

11/16/98

(Cont.)

rebound or guarding. No masses or organomegaly.

Urinalysis done today was WNL.

IMPRESSION: Abdominal Pain associated with Constipation,

Polyuria, Polydypsia, and Elevated Creatinine,

etiology unclear at this time.

PLAN: Results of her renal bladder ultrasound were reviewed. These were normal. Bloodwork done today for repeat BUN Creatinine. Will also check Glucose, ESR, ANA as well as electrolytes. This pt. has no insurance. Further treatment pending the above test results.

M.D.

Date | | 10/98 Age 27 Wt.

T P BP Meds

Nurse 120/86

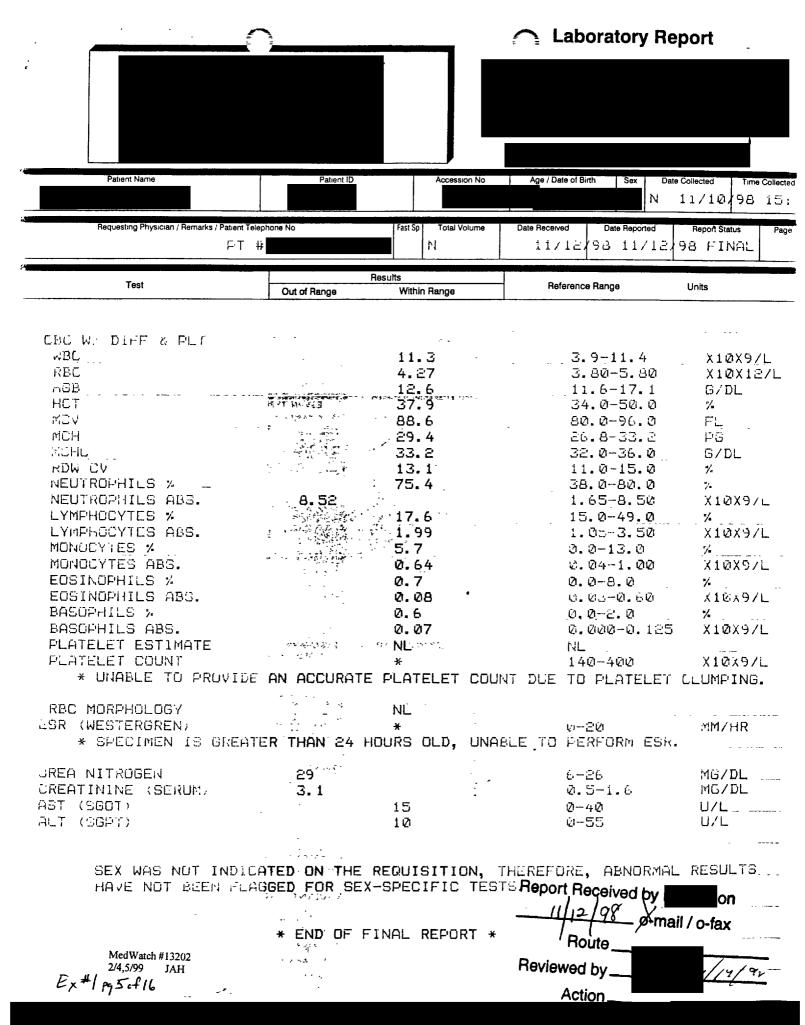
HX: Pt is 22 yr old comes to office today for f/u of renal failure, she was recently DX with Nephrogenic Diabetes Insip. with acute renal failure secondary to some herbal OTC preparations, she was discharge from the hospital 2 days ago and continue to have some polydypsia but feels that her polyuria has improved. There areno new complaints.

PX: Exam is benign, she has no further flank pain or abdominal pain, her UA today is normal, blood work done today for BUN and creatinine and will also check her ESR this was elevated in the past, further treatment and evaluation pending above, results.

11/23/7-

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	LAB REPORTS		
PATIENT NAME:	CHART	NO. TI	EL:
DATE 1 11 98	TIME MD/P.		
DATE: (178	TIME MD/P.		
ALLERGIES			
		Tech. Init.	•
GLUCOSE mg/dl			
•	N %HbAlc		
HEMOGLOBIN g/dl			
TIEMOGEODIN GAG			
HEMATOCRIT %			
THROAT CULTURE (Srp A, B-Hemolytic Strep. +/-		
URINE- LABSTIX T	ech		
ρН	5, 6, 6.5, 7, 7,5, 8, 8.5		
PROTEIN -	neg., trace, 30 +, 100 ++, 300 +++,	2000 ++++	•
GLUCOSE .	neg., .1- trace, .25-250 mg, .5-500,	1-1000, 2-2000	
KETONES	neg., trace 5, small 15, mod. 40, larg	e 80 -1 60	
BLOOD	neg., t <u>r. or mod</u> . nonhemol., hemol. t	r.+, mod. ++, large +	++
URINE - MULTISTIX	Tech.		
LEUCOCYTES	neg., trace, small +, mod. ++, large +	++	
NITRITE	(Pag), pos.		
UROBILINOGEN C	norma 0.2, 1-, 2, 4, 8		
PROTEIN	neg., trace, 30 +, 100 ++, 300 +++, 2	000 ++++	*
pH	5, 6, 6.5, 7, 7,5, 8, 8.5		
BLOOD (heg, tr. small or mod. nonhemol., her	nol. tr., small+, mod	. ++, large +++
SPEC. GRAVITY	1.0/ D	ť	• •
KETONE (ஞ்., trace 5, small 15, mod. 40, large	80-160	
BILIRUBIN	feg. , small +, mod. ++, large +++		MedWatch #13202 2/4,5/99 JAH
GLUCOSE	1- trace, .25-250 mg, .5-500, 1-	1000, 2-2000	Ex* 1 pg 4 of 16
STOOL FOR OCCULT BLO	OOD + x T	ech	



Sex: F Age: MED REC: Referring Dr. Acc Number: Ordering MD: Date: 11/13/98 Loc ULTRASOUND US RENAL HISTORY: RENAL FAILURE. Ultrasound examination of the kidneys was performed. The left kidney measures 12.5 cm and the right kidney measures 13.6 cm. Both kidneys are isoechoic with the adjacent liver and spleen. Medical renal disease is not excluded. There is no evidence for hydronephrosis. No renal calculi are demonstrated. There is no evidence for aortic aneurysm. IMPRESSION: Bilaterally, there is no evidence for hydronephrosis. Isoechoic renal parenchyma when compared to the liver. Medical renal disease is not excluded. Correlation with BUN and creatinine is recommended. DICTATED BY: M.D. 14NOV1998 15NOV1998 US BLADDER HISTORY: RENAL FAILURE. Ultrasound examination of the bladder was performed. No bladder wall thickening is demonstrated. There is no post-void residual. Uterus and ovaries appear normal. IMPRESSION: Negative ultrasound examination of the bladder. DICTATED BY: M.D. 14NOV1998 15NOV1998 PAGE: 1 * END OF REPORT * Report Received by

Name:

MedWatch #13202

2/4,5/99 JAH Ex#1 pg bof lb

22 YRS DOB:

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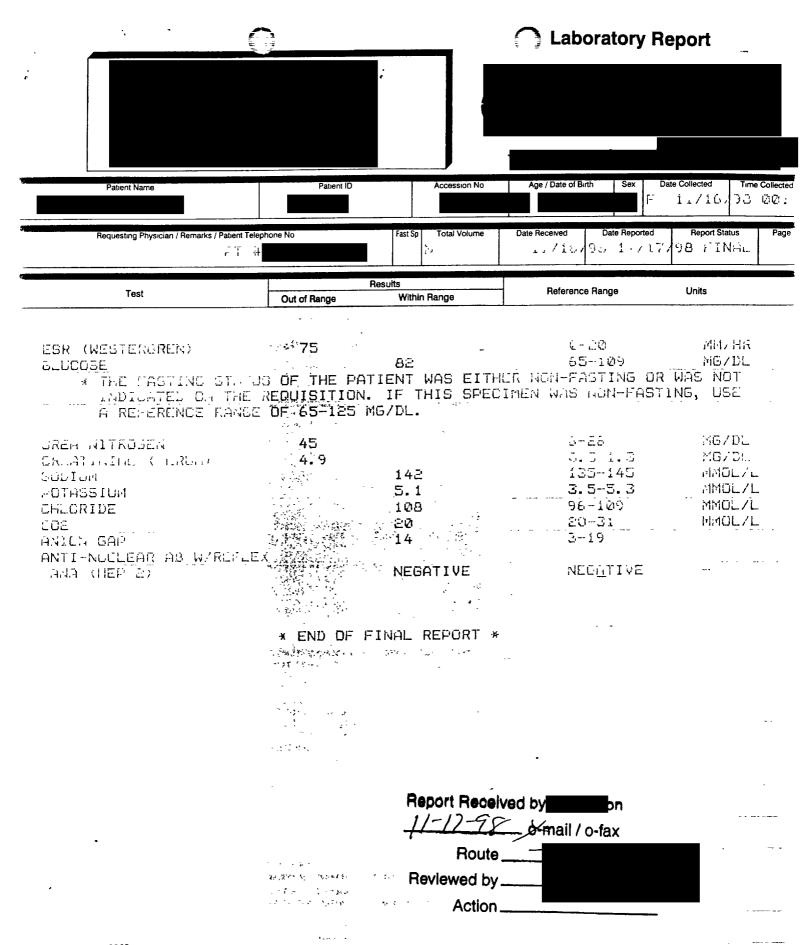
Route_

Action _

Reviewed by ____

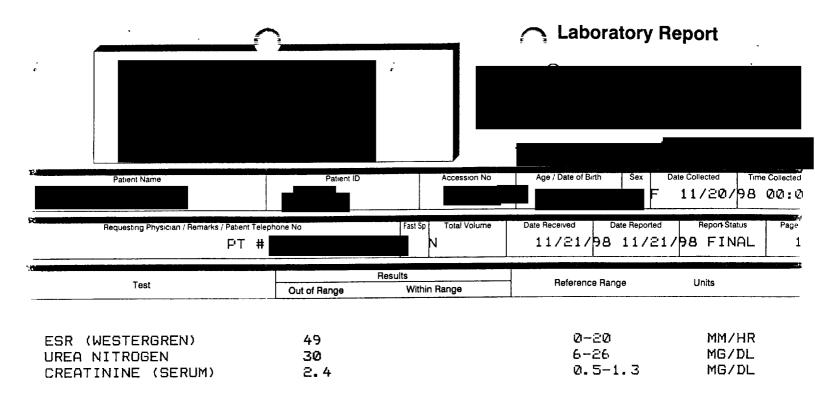
LAB REPORTS

PATIENT NAME:	CHART NO:TEL:
DATE: 1//16/98 TIM	
ALLERGIES;	
	Tech. Init.
GLUCOSE mg/dl	
GLYCOHEMOGLOBIN %	HbAlc
HEMOGLOBIN g/dl	· ·
HEMATOCRIT %	
THROAT CULTURE Grp A	, B-Hemolytic Strep. +/
	·
pH 5,	6, 6.5, 7, 7,5, 8, 8.5
PROTEIN - ne	g., trace, 30 +, 100 ++, 300 +++, 2000 ++++
GLUCOSE ne	g., .1- trace, .25-250 mg, .5-500, 1-1000, 2-2000
KETONES ne	g., tráce 5, small 15, mod. 40, large 80-160
BLOOD ne	g., tr. or mod. nonhemol., hemol. tr.+, mod. ++, large +++
URINE - MULTISTIX) Tec	h
	•
LEUCOCYTES (neg	g., trace, small +, mod. ++, large +++
	pos.
	mal 0.2, 1, 2, 4, 8
PROTEIN (neg), trace, 30 +, 100 ++, 300 +++, 2000 ++++
pH (5,	6, 6.5, 7, 7,5, 8, 8.5
BLOOD (neg	tr. small or mod. nonhemol., hemol. tr., small+, mod. ++, large +++
SPEC, GRAVITY 1.0	15
	, trace 5, small 15, mod. 40, large 80-160 MedWatch #13202
BILIRUBIN (165	= ===!! . mod ++ prop +++
GLUCOSE (10)	$E_{x}^{\pm}/\rho 9/0 \circ f/6$
STOOL FOR OCCULT BLOO	D + x, Tech

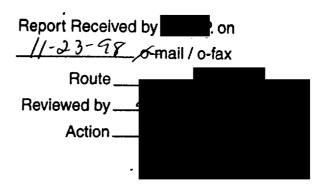


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·	LAB REPORTS			r
PATIENT NAME:		CHART NO:_	Τ	EL:
DATE 11/20/98	TIME	MD/PA_	_	
4-10-1		·····	14=	
			Tech. Init.	•
GLUCOSE mg/dl GLYCOHEMOGLOE HEMOGLOBIN g/dl	BIN %HbAlc			
HEMAT○CRIT %				
THROAT CULTURE URINE- LABSTIX pH PROTEIN GLUCOSE KETONES BLOOD URINE - MULTISTIX	Tech 5, 6, 6.5, 7, 7,5, 8, 8.5 neg., trace, 30 +, 100 ++, neg., .1- trace, .25-250 mg neg., trace 5, small 15, mg neg., tr. or mod. nonhemol	300 +++, 2000 + g, .5-500, 1-1000 d. 40, large 80-1	+++ , 2-2000 60	·
LEUCOCYTES NITRITE UROBILINOGEN PROTEIN PH	neg, trace, small +, mod. +, neg, pos. normal 0.2,-1, 2, 4, 8 neg., trace, 30 +, 100 ++, 3 5, 6, 6.5, 7, 7,5, 8, 8.5 neg., tr. small or mod. nonh	300 +++, 2000 ++		.d ++ large +++
BLOOD	neg., tr. small or mod. noni	iamor" namoren	, SIIIAIIT, IIIO	d. 111
SPEC. GRAVITY	neg., trace 5, small 15, mod	l. 40, large 80-16	, 0	
KETONE BILIRUBIN GLUCOSE	neg., small +, mod. ++, larg neg., .1- trace, .25-250 mg, 3LOOD + x, -	98 +++ , .5-500, 1-1000,	2-2000	MedWatch#1320 2/4,5/99 JAH Ex*/pg/2of/6
STOOL FOR OCCULT (3LOOD + X,*			-



* END OF FINAL REPORT *



MedWatch #13202 2/4,5/99 JAH Ex*/ pg/3 of/6 Date 12-15 48 Age Wt.
T P BP Meds
Nurse

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1 48 P P 68 BP Meds

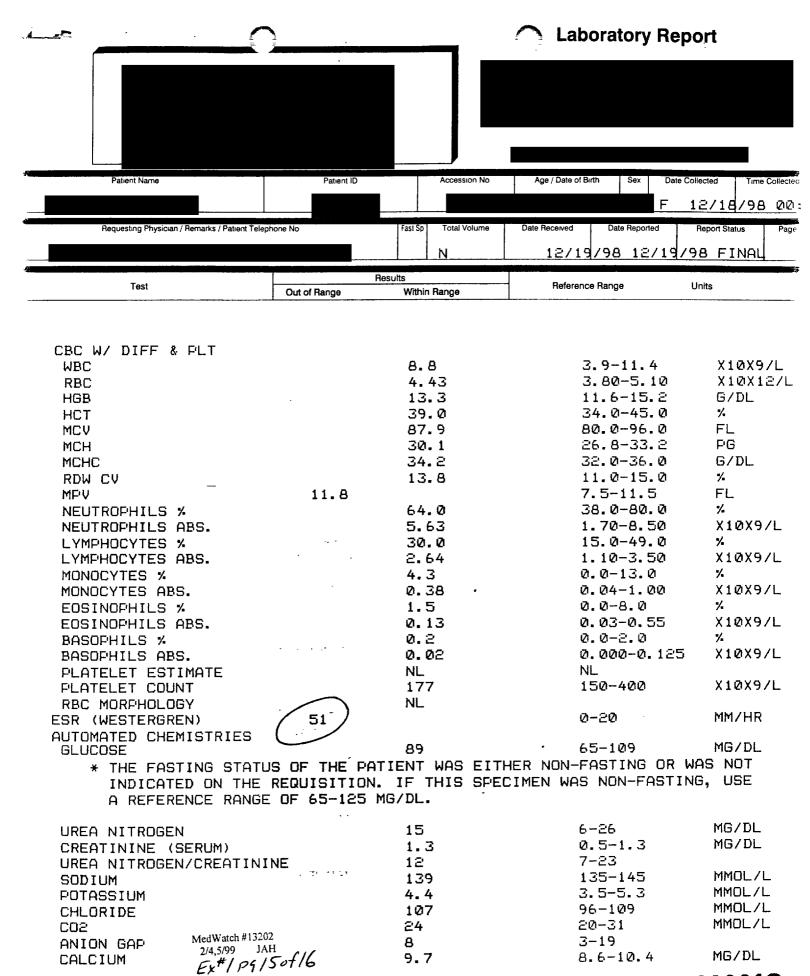
Nurse

..X: Pt came because she has found a lump behind her left knee, it does not bother her.

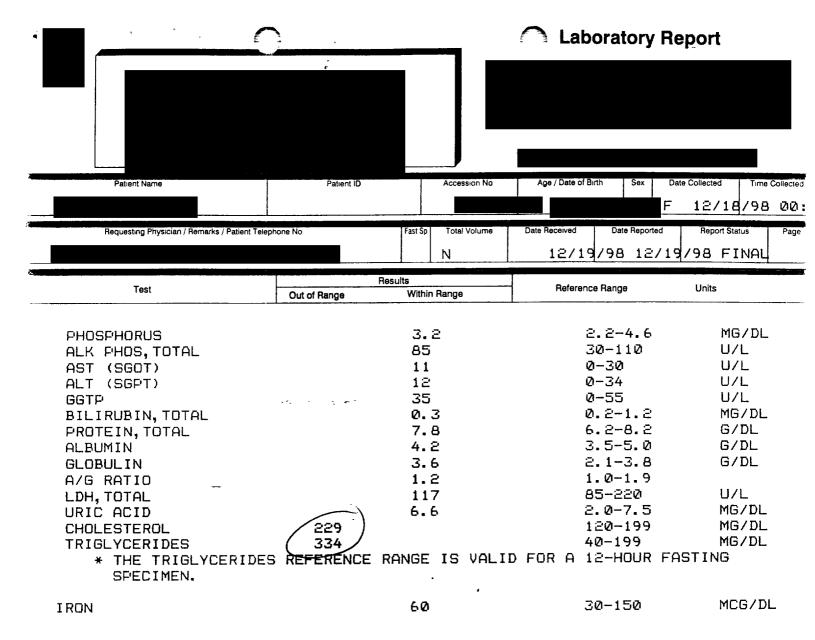
PX: This pt appears to have a small Baker Cyst behind her left knee, there is no redness or tenderness, her calf appears normal. Explained to pt that shemost likely she had this for a long time and it has not bothered her, at this point I recommend not workup or treatment however explained to her the risk of rupture and also advised her that if it gets larger or painful to call me and she will be referred to ORtho.

#2- pt is feeling fine she is not using herbs anymore blood test on this pt was done and she was instructed to call Dr on Mon to discuss results.

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PAGE 1: CONTINUED ON PAGE 2



* END OF FINAL REPORT *

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with the

Report Received by on /a 21-98 omail / o-fax

Route Reviewed by Action

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